

UNITED STATES HOUSE OF REPRESENTATIVES 2013 FINANCIAL DISCLOSURE STATEMENT John Abney culberson For Use by Members, Officers, and Employees Form A

LEGISLATIVE RESOURCE CENTER

2014 MAY 13 PM 12: 40

OFFICE OF THE CLERK

Daytime Telephone: 713-682-8828 UNUS HOUSE OF REPRESENTATIVES (Office Use Only)

REPORT 2013 Annual (Due: May 15, 2014) Amendment PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

FILER STATUS

U.S. House of Representatives

State: _ District:

Employee

Termination Date:

Officer or Employing Office:

Texas

Member of or Candidate for

YOU ANSWER "YES"	ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES"	Yes No	E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?
Yes No	Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article during the reporting period?	Yes No	D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period?
Yes No	H. Did you, your spouse, or your dependent child receive any reportable travel or reimbursements for travel totaling more than \$350 in value from a single source during the reporting period?	Yes No	C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the reporting period?
Yes	G. Did you, your spouse, or your dependent child receive any reportable gift(s) totaling more than \$350 in value from a single source during the reporting period?	Yes	B. Did you, your spouse, or your dependent child purchase, sell, or exchange any securities or reportable real estate in a transaction exceeding \$1,000 during the reporting period?
Yes No	F. Did you have any reportable agreement or arrangement with an outside entity during the reporting period or in the current calendar year up through the date of filing?	Yes No	A. Did you, your spouse, or your dependent child: a. Own any reportable asset that was worth more than \$1,000 at the end of the reporting period? or b. Make more than \$200 in uneamed income from any reportable asset during the reporting period?

IPO, EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER EACH OF THESE QUESTIONS

SCHEDULE A -- ASSETS & "

"UNEARNED INCOME"
Name: John CLIBE/SON
Page O of O

A	X	CARC A COAS PARIONE	NOUTHERN VA HOME	mossed home	ABC Hedge Fund X	Examples: Simon & Schuster Indefinite	SP Mega Corp. Stock EIF	For bank and other cash accounts, total the amount in all interest-bearing accounts. If the lotal is over \$5,000, list every financial institution where there is more than \$1,000 in interest bearing accounts. For rental and other real property held for investment, provide a complete address or description, e.g., "rental property," and a city and state. For an ownership interest in a privately-held business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A. Exclude: Your personal residence, including second formes and vecation homes (unless there was rental income during the reporting period); and any financial interest in, or income derived from, a federal retirement program, including the Thrift Savings Plan. If you have a privately-traded fund that is an Excepted Investment Fund, please check the "EIF box. If you so choose, you may Indicate that an asset or income source is that of your spouse (SP) or dependent child (DC), or jointly held with anyone (JT), in the optional column on the far left. For a detailed discussion of Schodule A requirements, please refer to the instruction booklet.	-	Provide complete names of stocks and mutual funds you have no interest. (do not use only ticker symbols).		
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	3 !	×					×	\$50,001-\$100,000 n			at ck than fa turing : come, t held b	<u>Ya</u>
7 7 8	3			¥				\$100,001-\$250,000			ir mart the rep the value	Value of Asset
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	37.17							Spouse/DC Asset over \$1,000,000*	_	-		
*	×		×.	X	Ш			NONE	, 	period.	Check all columns that apply, generate tax-deferred income (su generate tax-deferred income (su 529 accounts), you may check column. Dividends, interest, even if reinvested, must be d for assets held in taxable account the asset generated no income	
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								INTEREST			lumns deferre), you idend estad, ad in 1	. ₹
5"2 " " " " " " " " " " " " " " " " " "				2, 4				CAPITAL GAINS			d incor d incor may s, into must must	9
		36						EXCEPTED/BLIND TRUST			apply me (su check areat, be di acco	Type of Income
					1, 27			TAX-DEFERRED			For the sclose units.	
	7	1			Partnership Income	Royalties		Other Type of Income (Specify: e.g., Partnership Income or Farm Income)			Check all columns that apply. For accounts that generate tax-deferred income (such as 401(k), IRA, or 529 accounts), you may check the "Tax-Deferred" column. Dividends, interest, and capital gains, seven if reinvested, must be disclosed as income for assets held in taxable accounts. Check 'None' if the asset generated no income during the reporting	<u> </u>
,	×					5 () 55 ()		Short Control of the		를 <mark>하</mark>	For assets may check category c Dividends must be a accounts.	
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	+					2.	×	\$201-\$1,000	}	is for	ne "Non incominate inc	
	\dashv	-		4 4	*	// (.		\$2,501-\$5,000	1	*Column XII is for assets held by your spouse or dependent child in which you have no interest.	For assets for which you checked "Tax-Deferred" in Block C. you may check the "None" column. For all other assets indicate the category of income by checking the appropriate box below. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income for assets held in taxable accounts. Check "None" if no income was earned or generated.	Amount of Income
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		<u>. </u>					-	Spouse/DC Asset with Income over \$1,000,000*		-		
							S(part)	blank it blank it blank it blank it that exc \$1.000.	please follows	period. If only	asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,00 in the reporting	Tra
								Leave trus column blank if there are that exceeded \$1.000.	an asset was sold please indicate as follows: (S (part)).	period. If only a portion of	Indicate if the asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in the reporting	Transaction
								e ave	ete as yart)).	on of	면) 1,000	tion

SCHEDULE B ~ TRANSACTIONS					Name:	Z	m	£	Se	3			Page 3	W	<u>육</u>	- D
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Report any purchase, sale, or exchange transactions that exceeded \$1,000 in the renorling region of any security or rest property held by your spouse, or your	Тур	Type of Transaction	saction			Date				Am	Amount of	f Trans	Transaction			
dependent child for investment or the production of income. Include transactions that resulted in a capital test. Provide a brief description of an exchange transaction. Exclude transactions between you, your spouse, or dependent children, or the purchase or sale of your personal residence, unless it generated rental income. If only						(MO/DAYR) or		D		0	, ₍ m ·	<u>, </u>	<i>ත</i>	<u>_</u>		
e portion of an asset is sold, please choose "partial sale" as the type of transaction.	30	•			0	Monthly, or Bi-					. 1	· ·	Q			
Capital Gains: If a sales transaction resulted in a capital gain in excess of \$200, check the 'capital gains' box, unless it was an asset in a tax-deferred account, and disclose the capital cain income on Schemila A.	1494		d Sale	ange	k Box if C eded \$20	weekly, if applicable)]-)00		001- ,000	,001- ,0 0 0	,001- ,000	,001- 00,000	X0,0001- X0,000	00,001-	\$50,000	\$1,000,0
* Cotumn K is for assets solely held by your spouse or dependent child.	Pun	Sale		Exc	Che Exc		\$1.0 \$15	\$15 \$50	\$50 \$10		\$50	\$1,0	\$5,	\$25	\$50	
SP, DC, JT Asset									* ` ` `			, c				
SP Example Mega Corp. Stock	```		>		×	3/5/13	;	×	1							
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SCHEDULE C - EARNED INCOME

Name: John Cullinnan Page 4 of 9

EXCLUDE: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Secu	the source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000. See examples below.	List the source, type, and amount of earned income from any source (other than the filer's current employment by the LkS. government) total	
nder the Social Security Act.	amples below.	S. government) totaling \$200 or more during the reporting period. For a spouse, list	

RCOME LIMITS and PROPHERTED INCOME. The 2013 limit on outside samed income (membrased and employees compensated at or above the "senior staff rate was \$26,955. In addition, contain upper of income (colably honorain, director's fees, and payments for professional services involving a fluciary relationship) were outly prohibited. Type	IType Approved Teaching Fee Legislative Pension Spouse Speech Spouse Salary SPOUSE SMARY	Amount St.000 St
	20000	
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SCHEDULE D - LIABILITIES

Name: Xlm (Illump Page 5 of)

Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your shouse for your dependent child. Mark the highest amount owed during the reporting period. Members: Members are required to report all liabilities secured by real property including mortgages on their personal residence. Exclude: Any mortgage on your personal residence (unless you rent it out or are a Member); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and liabilities owed to you by a spouse or the child, parent, or sibling of you or your spouse. Report a revolving charge account (i.e., credit card) only if the balance at the close of reporting period exceeded \$10,000. "Column K is for liabilities held solely by your spouse or dependent child.

	•••	B C	B (G)	B 6	B (G)	Amount of Liability	B 6	Amount of Liability
Date Liability Incurred MO/YR Mortgage on Rental Property, Dover, DE	Type of Liability \$10,001- \$15,000	\$10,001- \$15,000 \$15,000 @	\$10,001- \$15,000 \$15,000- \$50,001- \$100,001- \$250,000	10,001- 15,000 15,000 15,000 100,000 100,0001- 250,000	10,001- 15,000 15,000 10,001- 100,001- 250,000	\$10,001- \$15,001- \$15,001- \$50,000	\$10,001- \$15,000 \$15,001- \$50,000 \$100,001- \$100,001- \$250,000 \$250,001- \$1,000,000 \$1,000,000 \$5,000,001- \$5,000,000 \$25,000,000	\$10,001- \$15,000 \$15,000 \$15,001- \$50,000 \$100,001- \$250,000 \$250,001- \$100,001- \$500,000 \$500,001- \$1,000,000 \$5,000,0001- \$5,000,0001- \$5,000,0001- \$5,000,0001- \$5,000,0001-
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SCHEDULE E - POSITIONS

Report all positions, compensated or uncompensated, held during the current or prior calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, nonprofit organization, labor organization, or educational or other institution other than the United States. Exclude: Positions listed in Schedule C; positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature.

	7	X		Position	isted iii Scriedale o, positions neid in dry rengious, social, ii
				Name of Organization	ilsted in scriedure C, positions leid in englodes social, materials or political citates (such as political parties and campaign organizations), and positions socially or an increasy nature.

SCHEDULE F - AGREEMEN

ns of any agreement or arrangement that you have with respect to: future employment; a leave of absence during the period of government service;	Name: Um (Mlma Page 6 of _
rnment service;	Page 6 of 9

Identify the date, parties to, and general terms of any agreement or arrangement that you have with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties to Agreement	Terms of Agreement
	/	

SCHEDULE G - GIFTS

Report the source (including name, city, and state), a brief description, and the value of all gifts totaling more than \$350 received by you, your spouse, or a dependent child from any source during the year. Exclude: Gifts from relatives, gifts of personal hospitality from an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of \$140 or less need not be added towards the \$350 disclosure threshold. Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

Source	Description	Value
Example: Mr. Joseph Smith, Arlington, VA	Silver Platter (determination of personal friendship received from the Ethics Committee)	\$400

SCHEDULE H - TRAVEL PAYMENTS and REIMBURSEMENTS

Name:
John
John Cuiberson
Page 7 of 9

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than \$350 received by you, your spouse, or your dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense. Disclosure is required regardless of whether the expenses were paid directly by the sponsor or were paid by you and reimbursed by the sponsor.

EXCLUDE: Privately-sponsored travel approved by the Ethics Committee, if post-travel disclosure was filed with the Clerk; travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (FGDA, 5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to the filer.

	Source	Date(s)	City of Departure – Destination — City of Return	Lodging? (Y/N)	Food? (Y/N)	Family Member Included? (Y/N)
	Government of China (MECEA)	Aug. 6-11	DC-Bejing, China - DC	*	Υ	z
Examples	Habitat for Humanity (charity fundralser)	Mar. 3-4	DC-Boston-DC	Υ	Υ	γ
162 184	HBZITAUTE FORMATION	FEB 8,2015	BRITIMARE, MO. (RETERME)	# Z	¥	4 7
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Page 8 of 9

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of paying an honorarium to you. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Ethics. Examples: SCHEDULE I – PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA Association of American Associations, Washington, DC XYZ Magazine Source Activity Speech Article Feb, 2, 2013 Aug. 13, 2013 Date Amount \$2,000 \$500

FILER NOTES (Optional)

Name: John CLIBE/SON

Page 9 of 9

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